

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002215

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 463

Primary Registration District No. 5894

Registrar's No. 5

FILED JAN 28 1963

VS 300
Rev. 4/59

0500

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) RURAL-MERAMEC		Length of stay in 1b 15 days	
c. FULL NAME OF (If NOT in hospital, give location) ST. JOSEPH'S HILL INFIRMARY		d. STREET ADDRESS (If outside, give location) 9540 PLAINFIELD	
3. NAME OF DECEASED (Type or print) First AMES Middle STURGIS Last STURGIS		4. DATE OF DEATH Month JANUARY Day 19 Year 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-9-1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY PHARMACIST	
11a. BIRTHPLACE (City and state or country) CLARKSBURG, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME REED STURGIS		13b. MOTHER'S MAIDEN NAME SUE BET AMES	
14. NAME OF HUSBAND OR WIFE FAYE DIETRICH		Address CLARKSBURG, MO.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 2 BROTHER LEONARD ST. JOSEPH'S HILL INFIRMARY	
17. INFORMANT 2 BROTHER LEONARD ST. JOSEPH'S HILL INFIRMARY		Address CLARKSBURG, MO.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) amyotrophic lateral sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 4RS.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:05 a.m. Month 1/18/63 Day 18 Year 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1/18/63		20f. CITY, TOWN, OR LOCATION 1/14/63	
20g. COUNTY 1/18/63		20h. STATE 1/18/63	
21. I attended the deceased from 8:05 am to 1/14/63 and last saw him alive on 1/18/63 . Death occurred at 8:05 am on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Patrick L. Hogan MD	
22b. ADDRESS 3654 South Grand St L18 Mo		22c. DATE SIGNED 1/19/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN. 21 1963	23c. NAME OF CEMETERY OR CREMATORY HILLSBORO CEM	23d. LOCATION (City, town, or county) HILLSBORO MO.
24. FUNERAL DIRECTOR DIETRICH F. HOME, De Soto Mo	25. DATE RECD. BY LOCAL REG. 1-21-63	26. REGISTRAR'S SIGNATURE Robert E. Bauer	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

FEB 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Redto Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.